Complainant:

Because of the large volume of such inquiries regarding discrimination complaints, we ask that you please complete the following Discrimination Statement and return it to ADOSH at 800 W. Washington St., Phoenix, AZ 85007. Please keep in mind that by statute, your written discrimination complaint must be received by this office within 30 calendar days of the alleged discriminatory act, or it will not be investigated. Upon receipt of your completed Discrimination Statement, an investigator will call you as soon as possible to start the investigation.

Please save any evidence bearing on your complaint such as notes, minutes, discharge slips, letters, pay stubs, etc., and have them ready when the investigator calls. It will be helpful if you could write down a brief factual account of what has happened and prepare a list of any potential witnesses involved. When we receive your completed questionnaire we will advise the employer of the charge and request a written position. Every effort will be made to thoroughly review and evaluate your complaint as expeditiously as possible. It is your responsibility to advise this office of any changes in your address or telephone number, and your continued interest will be appreciated.

Finally, please be advised that as a complainant, you have the right to concurrently file a complaint under section 11(c) with Federal OSHA within 30 days of the alleged retaliatory action, if you are filing against a private sector employer. Concurrently filing a complaint with OSHA will protect your rights to seek a remedy through OSHA in the event that ADOSH reaches a decision with which you do not agree. You may contact Federal OSHA, Region IX, at 415-625-2547.

Sincerely,

ADOSH

DISCRIMINATION STATEMENT

Page 1 of ____

_____, reside at _____ (Name) (Street Address) (County) (State) (Zip) My telephone number is: Area Code ((Number) I have been employed by: _____ (Name of Employer) Located at: _____ (Address of Employer) Employer's telephone number: Area Code () _____(Number) My job Classification is/was: NARRATIVE NOTE: The narrative must describe in detail the events surrounding the actions which you claim to be in violation of A.R.S. § 23-425. Therefore, you must include in your narrative the following information: (1) Craft or description of work you did, (2) The reason you believe your employer discharged you or discriminated against you, (3) The date and time the discharge or discrimination occurred, (4) The location where the discharge or discrimination occurred, (5) Your supervisor's name, (6) The names, addresses, and phone numbers of witnesses who will substantiate your claim, (7) A detailed description (including dates, times, locations, witnesses and persons involved) of events leading up to your discharge or discrimination, (8) Your objective in filing this discrimination complaint, (9) Are you employed at the present time? If so, by whom (10) A phone number where you can be contacted between 7 a.m. and 6 p.m., Monday through Friday. You may use additional paper if needed.

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that the information contained herein is true a Note: I am aware that it is unlawful for me certification in this document which is being f	this statement consisting of pages and swear and correct to the best of my knowledge and belief. The to make any false statement, representation or all pursuant to the Arizona Occupational Safety and lation of this requirement is a Class 2 misdemeanor
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Signature of Complainant:	Date:

AUTHORIZATION FOR RELEASE OF EMPLOYMENT RECORDS

To Whom It May	y Concern:		
Tł	ne undersigned		, does hereby
authorize The Ir	ndustrial Commissior	of Arizona to obtain copies of any ar	nd all personnel and
employment rec	cords involving his/he	er employment with	
Dated this	day of	, 2009	